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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted with Initial Filing      OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	<b>Attorney Docket Number</b>	Sun Pharma
	<b>First Named Inventor</b>	Rohit Ra SONI
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	PCT/IN03/00004 /
	<b>Filing Date</b>	6 January 2003 /
	<b>Group Art Unit</b>	
	<b>Examiner Name</b>	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Novel Process for the Preparation of trans-3-ethyl-2,5-dihydro-4-methyl-N- [2-[4-  
[[[[[4-methyl cyclohexyl] amino] carbonyl] amino] sulfonyl] phenyl] ethyl] -2-oxo- 1H-  
pyrrole-1-carboxamide

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 6 January 2003 / as United States Application Number or PCT International

Application Number PCT/IN03/00004 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box; any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PCT/IN03/00004 /	India	January 6, 2003 /	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9/MUM/2002	India	January 3, 2003 /	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9/MUM/2002	India	January 7, 2002 /	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label <span style="border: 1px solid black; border-radius: 50%; padding: 2px 10px;">22,925</span>		OR <input type="checkbox"/> Correspondence address below	
 <span style="border: 1px solid black; border-radius: 50%; padding: 2px 10px;">22925</span> PATENT TRADEMARK OFFICE					
Name					
Address					
City			State		ZIP
Country		Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR :				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>Rohit Ravikant</u>			Family Name or Surname <u>SONI</u>		
Inventor's Signature <u><i>R.R. Sani</i></u>					Date <u>23 June, 2004</u>
Residence: City <u>Baroda</u> <u>INX</u>		State		Country <u>INDIA</u>	Citizenship <u>INDIA</u>
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NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>Thennati</u>			Family Name or Surname <u>RAJAMANNAR</u>		
Inventor's Signature <u><i>Rajamannar</i></u>					Date <u>23 June, 2004</u>
Residence: City <u>Baroda</u> <u>INX</u>		State		Country <u>INDIA</u>	Citizenship <u>INDIA</u>
Mailing Address <u>G-114, Aavishkaar Complex Old Padra Road</u>					
City <u>Baroda</u>		State		ZIP <u>390 020</u>	Country <u>INDIA</u>
<input checked="" type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

10/501743

Please type a plus sign (+) inside this box ☐

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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# DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 3 of 3

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

3-00 Rajeev Budhdev

REHANI

Inventor's  
Signature

Rajeev

Date

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☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's  
Signature

Date

Residence: City

State

Country

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Mailing Address

Mailing Address

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Name of Additional Joint Inventor, if any:

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